

# KERALA STATE INSURANCE DEPARTMENT

## GROUP INSURANCE SCHEME

FORM GIS – B(1)

Schedule of Recoveries towards Group Insurance Scheme for the Month  
of ..... 20.....

SDO Code		Salary Head	
Treasury Code		Treasury	
PEN		Account No.	Group
Name			
Name of Office			
Address			
Department			
Amount Deducted	₹.		
(Rupees		only)	
Mode of Payment	<input type="checkbox"/> Salary Deduction	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Challan
<i>(Please put a tick(✓) mark whichever is applicable)</i>			
Details of DD/Challan			

Place : .....

Date : ...../...../20.....

Signature :

Name :

*(Office Seal)*

*(For the use of Self Drawing Officers only)*